

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
<b>CLAIMS</b>										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1									
2		1								
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4	1									
5	1									
6		5								
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TOTAL IND.	7	↓	3	↓	↓	↓	↓	↓	↓	↓
TOTAL DEP.	64	←	3	←	←	←	←	←	←	←
TOTAL CLAIMS	71	←	6	←	←	←	←	←	←	←

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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